

## Choose Life Advisory Committee | FOURTH QUARTER REPORTS

	OCT	NOV	DEC	Total
# Calls to Hotline	_____	_____	_____	_____
In depth Abortion counseling	_____	_____	_____	_____
New Adult Clients (In Office for First time)	_____	_____	_____	_____
Counseling Sessions	_____	_____	_____	_____
Post Abortive Counseling	_____	_____	_____	_____
Adoption Referrals/Placements	_____	_____	_____	_____
Pregnancy Tests	_____	_____	_____	_____
Positive	_____	_____	_____	_____
Negative	_____	_____	_____	_____

Do you counsel with every pregnancy test given?  Yes  No

Relevant Comments: \_\_\_\_\_

Name of Reporting Agency \_\_\_\_\_ Agency Code \_\_\_\_\_

Address to Mail Check: Attention: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Total Hours Open per week \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_  
(If available)

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

We promote on:	Yes	No	We include CL:	Yes	No
Website	<input type="checkbox"/>	<input type="checkbox"/>	Website	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	<input type="checkbox"/>
Annual Fundraiser	<input type="checkbox"/>	<input type="checkbox"/>	Annual Fundraiser	<input type="checkbox"/>	<input type="checkbox"/>

Return the completed report to the Choose Life Advisory Committee. Fax to 601.898.1207.  
If you have a problem with the fax, scanning and emailing or mailing a copy to the address below is recommended.